

Youth/Guardian Release Form – Community Clean Up Program

Name of youth: _____ Birthdate: MM / DD / YYYY

Current Age: _____

Mailing Address: _____

Phone: _____

I give permission for the above-named youth to participate in the Park in the City Committee's Community Clean Program.

I release and forever discharge The Corporation of the City of Niagara Falls, and its officers and employees from any and all actions, causes of actions, claims and demands, for damages, loss, injury, or obligations or liabilities of any kind which may be sustained by the youth named above or to any persons or property arising from participating in the Community Clean Sweep event.

Parent/Guardian signature: _____

Phone number: _____ Date: _____

Emergency contact: _____ Phone: _____

Relationship to youth: _____

